

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Neil H. Bander et al. Art Unit : 1636
Serial No. : 09/655,708 Examiner : W. Sandals
Filed : September 6, 2000
Title : A METHOD FOR ISOLATION OF PROSTATIC EPITHELIAL CELLS FROM
SEMEN

Commissioner for Patents
Washington, D.C. 20231

REVOCATION AND NEW POWER OF ATTORNEY

Under 37 CFR §3.73(b), we, CORNELL RESEARCH FOUNDATION, INC., a New York Corporation, and The REGENTS OF THE UNIVERSITY OF COLORADO, a Colorado Corporation, certify that we are the assignees of 100% of the right, title and interest in the patent application identified above by virtue of assignments from the inventors of the patent application identified above that was submitted to the United States Patent and Trademark Office on January 31, 2003. Copies of the assignments as submitted are attached hereto.

The undersigned has reviewed all the documents in the chain of title of the patent application identified above and, to the best of undersigned's knowledge and belief, title is in the assignee identified above.

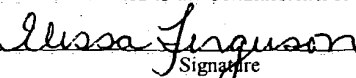
The undersigned, whose title is supplied below, is empowered to act on behalf of the assignee.

The undersigned, acting on behalf of the assignee, hereby revokes all powers of attorney previously granted in the application and appoints:

Louis Myers, Reg No. 35,965
Laurie Butler Lawrence, Reg No. 46,529
Leda I. Trivinos, Reg No. 50,635
John W. Freeman Reg No. 29,066
and
Janice L. Kugler, Reg. No. 50,429
all of FISH & RICHARDSON P.C.
225 Franklin Street
Boston, Massachusetts 02110-2804

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on March 21, 2003 and is addressed to the Commissioner for Patents, Washington, D.C. 20231.


Signature

Elissa Ferguson
Typed or Printed Name of Person Signing Certificate

Applicant : Neff H. Bander et al.
Serial No. : 09/655,708
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Page : 2

Attorney's Docket No.: 10448-185001 / MPI1999-
325P1R; CRF D-2866-04

with full power of substitution and revocation, to prosecute the application and to transact all business in the United States Patent and Trademark Office connected therewith.

All correspondence regarding the application should be sent to:



26161

I, the undersigned, hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Respectfully submitted,

Date: March 14, 2003

Richard S. Cahoon
Printed name: Richard S. Cahoon

Title: Sr. Vice President
For CORNELL RESEARCH FOUNDATION, INC.

Date: _____

X
Printed name: _____

Title: _____
For THE REGENTS OF THE UNIVERSITY OF COLORADO

Fish & Richardson P.C.
225 Franklin Street
Boston, Massachusetts 02110-2804
Telephone: (617) 542-5070
Facsimile: (617) 542-8906

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Respectfully submitted,

Date: _____

☒

Printed name: _____

Title: _____

For CORNELL RESEARCH FOUNDATION

Date: 17 Mar 03

☒

Printed name: DAVID N. ALLEN, PhD

Title: ASSISTANT VICE PRESIDENT, CU TECHNOLOGY
For THE REGENTS OF THE UNIVERSITY OF COLORADO TRANSFER

Fish & Richardson P.C.
225 Franklin Street
Boston, Massachusetts 02110-2804
Telephone: (617) 542-5070
Facsimile: (617) 542-8906

**UTILITY DECLARATION
AND POWER OF ATTORNEY**
Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **A METHOD FOR ISOLATION OF PROSTATIC EPITHELIAL CELLS FROM SEMEN** the specification of which

(Check One) ☐ is attached hereto OR
☒ was filed on Sept. 6, 2000 as United States Application Serial No. 09/655,708.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	N

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date
60/153,506	Sept. 13, 1999

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 22249:



22249

PATENT TRADEMARK OFFICE

LYON & LYON LLP
 Suite 4700
 633 W. Fifth Street
 Los Angeles, CA 90071
 (213) 489-1600

Please send all correspondence to the attention of Charles M. Doyle, Esq., and direct all telephone calls to (914) 681-8851.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Neil	MIDDLE Initial H.	LAST Name Bander	
	RESIDENCE & CITIZENSHIP	City Chappaqua	State or Foreign Country NY		Country of Citizenship USA
	POST OFFICE ADDRESS	2 Hemlock Hills	City Chappaqua	State or Country NY	Zip Code 10514
INVENTOR'S SIGNATURE <u>W Bander</u> DATE <u>12/12/00</u>					

202	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____ DATE _____					

203	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____ DATE _____					

204	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____ DATE _____					

205	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____ DATE _____					

206	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____ DATE _____					

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201	FULL NAME OF INVENTOR	FIRST Name Leonard	MIDDLE Initial Michael	LAST Name Glode	
	RESIDENCE & CITIZENSHIP	City Golden	State or Foreign Country CO		Country of Citizenship USA
	POST OFFICE ADDRESS	Address 2124 Pine Drop Lane	City Golden	State or Country CO	Zip Code 80401
INVENTOR'S SIGNATURE			DATE 5/13/01		

202	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country		Country of Citizenship
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201	FULL NAME OF INVENTOR	FIRST Name Chang	MIDDLE Initial In	LAST Name Suh	
	RESIDENCE & CITIZENSHIP	City Seoul	State or Foreign Country South Korea	Country of Citizenship South Korea	
	POST OFFICE ADDRESS	Address Hyundai Apt. 73-1301 Ap-Ku-Jung-Dong, Kang-Nam-Ku	City Seoul	State or Country South Korea	Zip Code 135-788
INVENTOR'S SIGNATURE <u>Chang In Suh</u> DATE <u>March 23, 2001</u>					

202	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS	Address	City	State or Country	Zip Code
INVENTOR'S SIGNATURE _____ DATE _____					

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